

Screening, Brief Intervention and Referral to Treatment (SBIRT): Recognizing and Reducing Risk for Pregnant

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Why screen?

- Health Risks
- Pregnancy risks
- High risk lifestyle



- 30% used alcohol or illicit drugs in the month prior to knowledge of pregnancy, and 15% continued use after learning of the pregnancy.
- Pregnancy is often a motivator to stop drinking alcohol or using drugs

2010 National Survey on Drug Use and Health

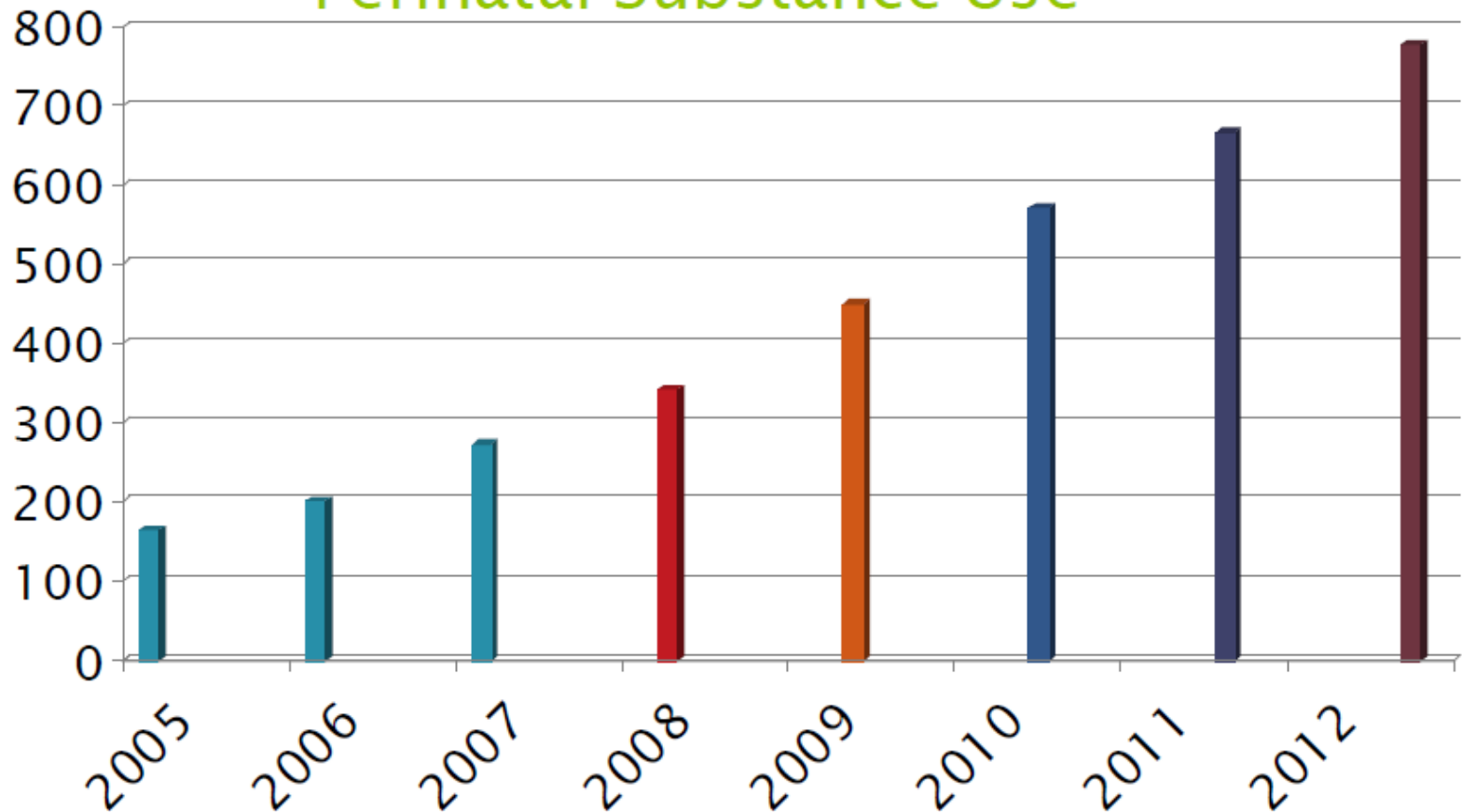
Approximately 5.9% of pregnant women reported using an illicit drug in the past 30 days from 2011 to 2012, up from 3.7% in 2001.

Many indicators show that drug use during pregnancy is trending upward.



Why is this a Crisis?

Rising Numbers of Newborns Statewide Affected by Perinatal Substance Use



Maine DHHS
Division of Child Welfare
Drug Affected Baby (DAB) Report 2005-2012

Opioid use in Pregnancy: Maternal Complications

- Altered Mental Status
- Somnolence
- Respiratory Depression
- Death
- IV Use may result in
 - Hepatitis B & C
 - HIV
 - Skin infections
 - Endocarditis
 - Sepsis
- Lifestyle issues may result in pregnant women engaging in high risk behavior
 - Prostitution
 - Sharing of IV needles
 - Intimate Partner Violence
 - Theft and other criminal activities



Opioid Effects on Pregnancy

Antenatal Complications

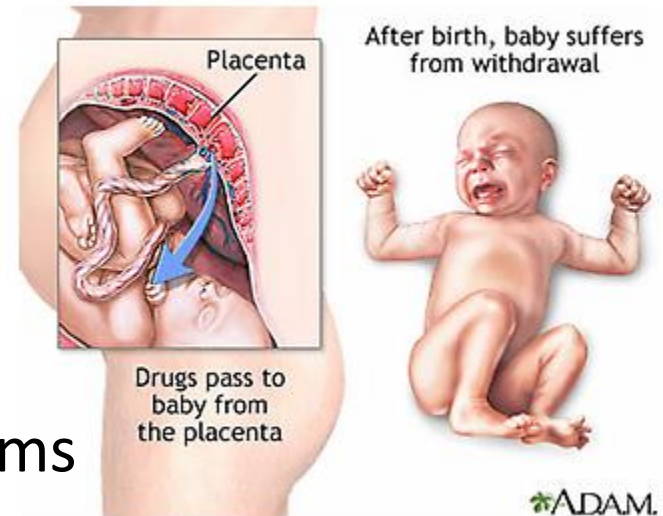
- Preterm Delivery
- Growth Restriction
- Low Birth Weight
- Placental Abruption
- Fetal Death

Neonatal Effects

- Neonatal Abstinence Syndrome (NAS)

Neonatal Abstinence Syndrome (NAS)

- Constellation of withdrawal symptoms
 - ✦ *Central Nervous System*
- Inconsolability, high-pitched crying, skin excoriation, hyperactive reflexes, tremors, seizures
 - ✦ *Gastrointestinal System*
- Poor feeding, excessive sucking, feeding intolerance, loose or watery stools
 - ✦ *Autonomic/metabolic*
- Sweating, nasal stuffiness, sneezing, fever, tachypnea, mottling



Substances Most Commonly Abused During Pregnancy

- Tobacco
- Alcohol
- Marijuana
- Opiates
- Cocaine
- Benzodiazepines
- Amphetamines
- Hallucinogens



Cost

*American College of Obstetrics &
Gynecology Committee Opinion in 2004*

wrote that “using a protocol for universal screening, brief intervention, and referral to treatment...results in a mean net savings of \$4,644 in medical expenses per mother/ infant pair.”

SBIRT

- Screening for early intervention
- Brief intervention focuses on increasing insight and awareness regarding substance use and motivation toward behavioral change.
- Referral to treatment provides those identified as needing more extensive treatment with access to specialty care.



Prevention Starts With Asking!

All women of childbearing age should be asked about alcohol and drug use:

- Routinely at every medical appointment
- At appointments in various systems
- In a nonjudgmental manner
- Via effective screening tools
- And about possible prenatal exposure
- Imbed questions about alcohol and drug use in general health questions (e.g.: wearing seat belts, taking vitamins, smoking, etc...)
- Ask about factors that affect access to care- i.e. housing, childcare, transportation
- Ask about safety

Why Universal Screening?

- Universal screening of women of reproductive age is a critical step in the prevention, education, identification, intervention and appropriate treatment of women who are drinking/ using drugs during pregnancy
- Screening alone may make a difference
- Screening results are not a diagnosis! Results help determine next steps.



Screening for Prenatal Substance Use

- Use a valid screening tool, such as the T-ACE, TWEAK, or 4 Ps Plus
- Document any prenatal alcohol use:
 - What trimester?
 - How often?
 - How much?
- If alcohol/drug use during pregnancy is suspected or confirmed, refer for screening to specialty care and for evaluation of medical issues, disabilities, etc.



Alcohol Screens: T-ACE and TWEAK

T.....Tolerance. How many to get “high” 2 pts

A.....Annoyance with criticism 1 pt

C.....Cut Down 1 pt

E.....Eye Opener 1 pt
2 or more points = problem

T... Tolerance 2 pts

W...Worry (are friends concerned) 2pts

E... Eye opener 1pt

A... Amnesia (blackout) 1pt

K...Cut down attempts 1 pt

2 or more points = problem

Substance Use Screen: 4 P's Plus

www.nitupstream.com

- Parents-problem with alcohol?
- Peers – problems with alcohol?
- Partner-problem with alcohol?
- Past-have you ever used alcohol?
- Present-in the month before you knew who were pregnant, how many cigarettes did you smoke? How much alcohol did you drink?

Increasing Comfort

- Ask in context of routine care, P for parents within the context of family history (no prediction but normalizes the content)
- P for partners, does not correlate with risk for SU but found to relate for Domestic violence
- P for past, allows for prevention message
- P for present is open ended, asks about prior to pregnancy and found less threatening

Risk Levels

- Low Risk: Those that never used alcohol
- Average Risk: Those that had used alcohol in the past but not in the month before pregnancy
- High Risk: Those who used alcohol in the month before pregnancy. Adding the cigarettes question added specificity between average and high risk.

For Adolescents ask about past year use

In the past 12 months have you...

- Drank any alcohol (more than a few sips)?
- Smoked marijuana?
- Used any other substances?
 - expand on this questions... “By other drug I mean illicit drugs such as cocaine; inhalants; over-the-counter medications such as dextromethorphan (DXM) in cough or cold medicines; or prescription medications such as OxyContin, Vicodin, Adderall or Klonopin that were not taken as prescribed by your doctor.”

CRAFFT Screen

C: Have you ever driven or driven in a **Car** with someone under the influence?

R: Used alcohol or drugs to **Relax**, fit in?

A: Used alcohol or drugs **Alone**?

F: **Forget** things while using?

F: **Family or Friends** tell you to cut down?

T: Gotten into **Trouble** while using?

Alcohol dependent
Referral to Treatment

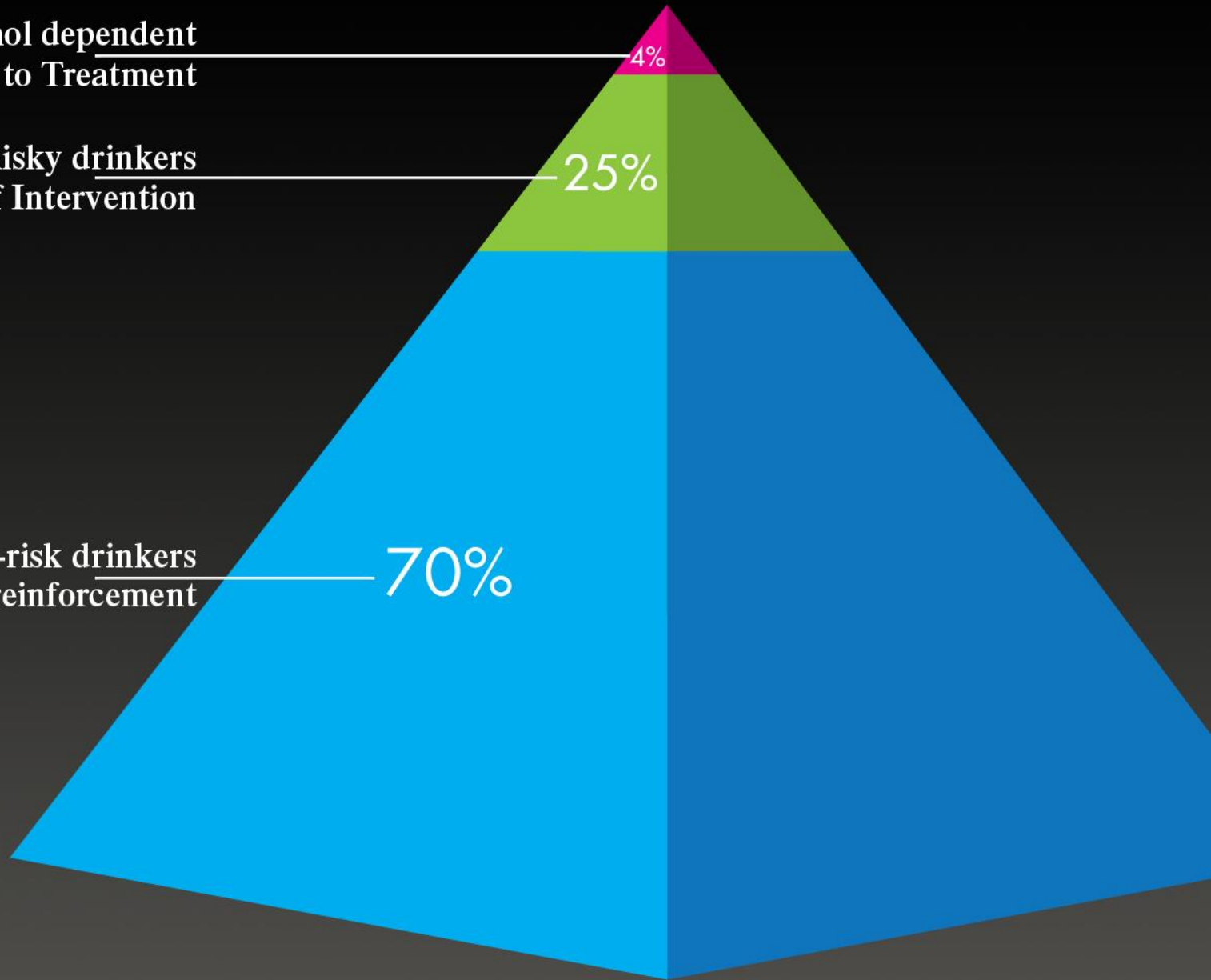
4%

Risky drinkers
Brief Intervention

25%

Abstainers or low-risk drinkers
Positive reinforcement

70%



SBIRT: Brief Intervention

A collaborative conversation that raises a person's awareness of substance use and its consequences, and encourages behavioral change.

4 Step Process

Step 1: Raise the Subject

Step 2: Provide Feedback

Step 3: Enhance Motivation

Step 4: Negotiate and Advise

Mom and Baby

- Be aware of your own feelings
- Don't be judgmental: asking about substance use should convey the message "We care about you and your baby"
- Recognize that mother and fetus are one unit and our goal is to protect them as they move along the recovery continuum
- Complete abstinence from substance use during pregnancy is a goal which may or may not be attainable. Every step towards abstinence is a positive

Accentuate the Positive and Avoid the Negative

Positive

If you stop drinking now,
you have a better chance
of having a healthy baby.

Your concern for your
baby will help you be a
good mother.

You and your child will feel
better when you are
sober, let's figure out what
you need to get there

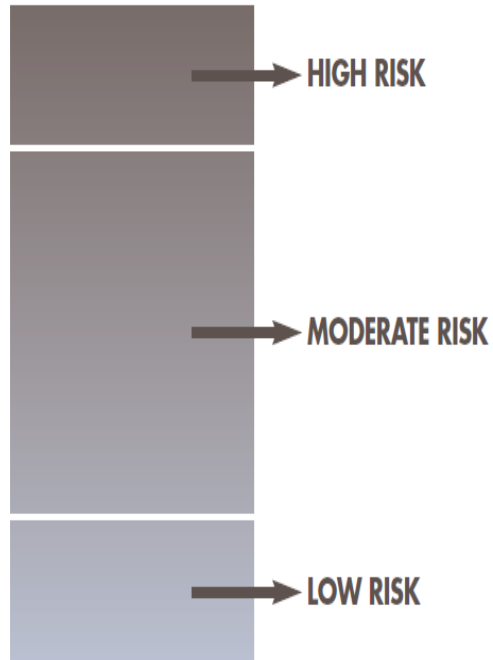
Negative

Your drinking has already
damaged your baby.

If you really loved your
baby, you would not drink
so much.

Continued drinking will
ruin your health and
prevent your child from
developing normally.

YOUR SCREENING RESULT



A STANDARD DRINK

ANY DRINK CONTAINING
ABOUT 14 GRAMS
OF ALCOHOL*

*NIAAA (www.RethinkingDrinking.NIAAA.NIH.gov)



LOWER RISK DRINK LIMITS*

	OCCASION	WEEKLY
WOMEN	3	7
MEN	4	14
OVER 65	3	7
LESS IS BETTER		

IT'S SAFEST TO AVOID ALCOHOL IF YOU ARE

- taking medications that interact with alcohol
- have a health condition made worse by drinking
- underage
- planning to drive a vehicle or operate machinery
- pregnant or trying to become pregnant

HOW READY ARE YOU?

HOW CONFIDENT ARE YOU?

HOW IMPORTANT IS IT TO YOU?

NOT AT ALL
0

1

2

3

4

SOMEWHAT
5

6

7

8

9

EXTREMELY
10



Peer Assistance Services

Video

- https://www.youtube.com/watch?v=qlwgTQh_Hlo

SBIRT Online high risk alcohol intervention

<http://www.youtube.com/watch?v=BVsBq3lZUZk&feature=youtu.be>

Steps in the Change Process when Implementing SBIRT

- Define goals carefully
- Make sure you have buy-in from stakeholders!
- Create a change team
- Map your current process
- Choose screening tool(s)
- Line up resources for treatment & referral
- Plan: who will do what/ when/where?
- Implement
- Evaluate
- Re-design

Screen for Substance Use @

First Prenatal Visit/Intake:
Tools: 4P+ or CRAFFT

Women should be screened privately

- Assess and address psychiatric co-morbidities (PHQ-9)
- Assess social risk factors: Domestic violence/ homelessness (PVS or WAST)

Negative Screen
Re-screen at 24 to 28 Weeks

Brief intervention (should be done privately)

Positive Screen for Substance Abuse

Denies Need for Treatment

Willingness to Accept Treatment

Signs of acute withdrawal

YES

NO

Go to
Emergency
Department

Probable
Physiologic
Dependence

- Consider in-patient stabilization or referral to experienced outpatient addiction provider:
- Alcohol (detox required if physically dependent)
- Opiates/benzodiazepines (management may vary based on level and type of use)
- Amphetamines (residential treatment recommended)

- Provide information about perinatal risks
- Assess/address psychiatric co-morbidities
- Assess/address social risks including domestic violence and homelessness
- Close interval follow-up appointments including motivational interviewing

Unclear or
Unlikely
Physiologic
Dependence

Refer to Counselor
Trained in Addiction
Treatment

***Withdrawal Symptoms May Include:**

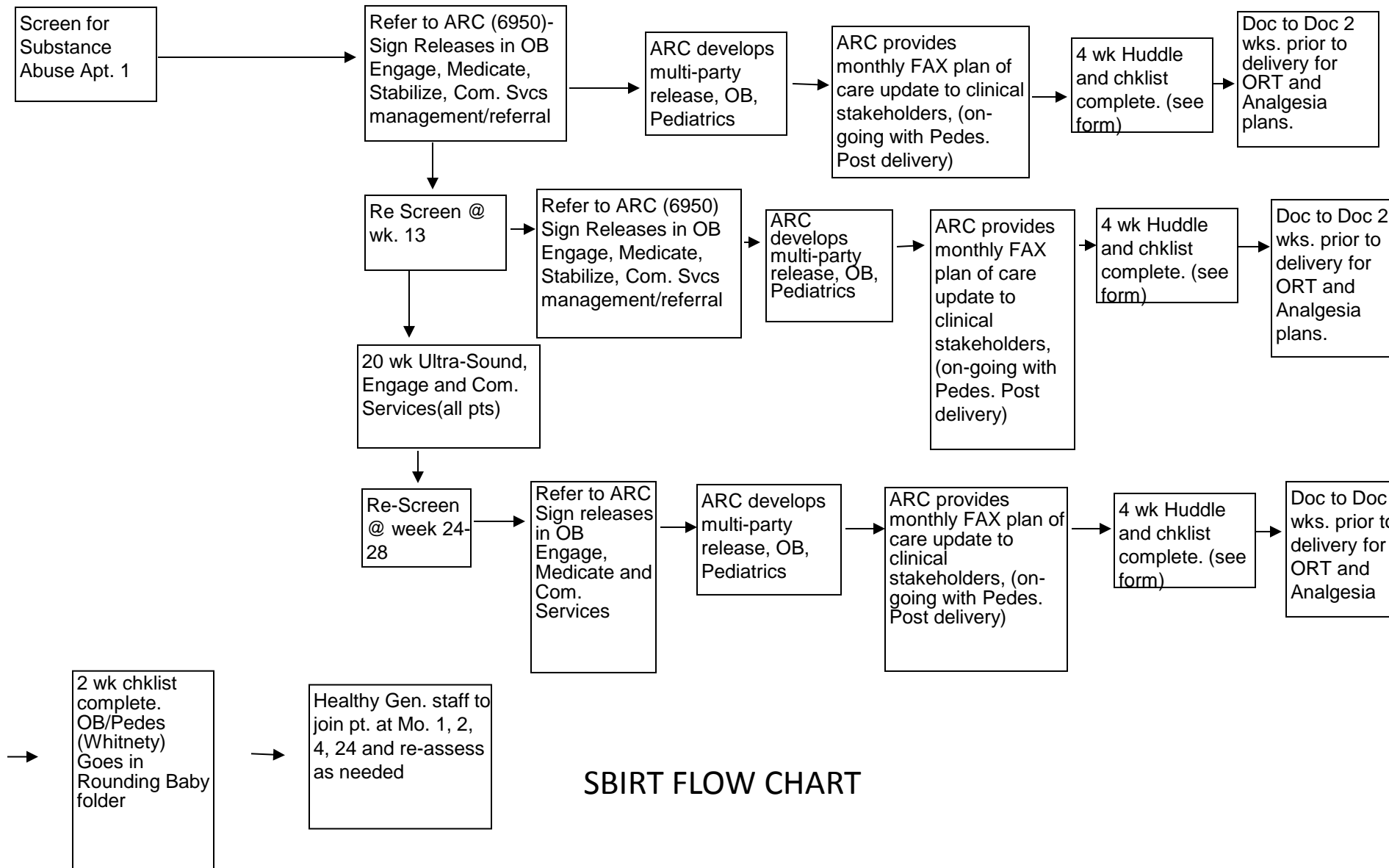
Maternal

- *Dilated Pupils
- *Anxiety
- *Hypertension, Tachycardia
- *Muscle spasms, tremors
- *Sweating chills, flushing
- *GI Distress: Vomiting, Diarrhea

Fetal

- *Fetal Distress
- *Fetal Tachycardia
- *Late decelerations (EFM)

Referral to residential or intensive outpatient treatment
Or
Step down to office-based buprenorphine or methadone program
And
Weekly counseling by substance abuse counselor
And
Sign consents to coordinate substance abuse treatment plans with OB Provider



Never Asked, Never Told

- Ninety percent of surveyed patients said they would give an honest answer if asked about their drinking.
- Over 90 percent of surveyed patients reported that their primary care physician should ask about their drinking and advise cutting down if it is affecting their health.
- Eighty-six percent of patients disagreed that they would be embarrassed if asked to discuss their drinking patterns.
- Seventy-eight percent of patients disagreed that they would be annoyed if asked about their drinking.



Knowledge, Opinions and Practice Patterns of OB-GYNs Re: Patients' Use of Alcohol

- 66% believe that occasional alcohol consumption is not safe during any period of pregnancy
- 82% ask all pregnant patients about alcohol use during initial visit only
- 78.5% advise abstinence when women report alcohol use
- 71.9% felt prepared to screen for risky drinking
- Top barrier- patient denial and resistance to treatment
- Top resource needed- referral resources for patients with alcohol problems

Britta,L et al JAddMed June 2010

Barriers to Treatment

- The social stigma of substance use during pregnancy
- And barriers to treatment can exceed fear of condemnation:
 - they can include realistic concerns about criminal prosecution and removal of children by legal system or regulatory agencies,
 - an absence of adequate child care resources for existing children,
 - a lack of transportation services,
 - poor access to obstetrical care, and
 - a lack of treatment services addressing women's issues.



SBIRT Resources

- <http://beta.samhsa.gov/sbirt>
- Substance Use Prevention for local WIC Agencies
<http://www.fns.usda.gov/wic>
- Washington State Department of Health, Substance Abuse during Pregnancy Revised 2015 www.doh.wa.gov
- [http://www.integration.samhsa.gov/SBIRT Toolkit for working with FQH Cs.pdf](http://www.integration.samhsa.gov/SBIRT_Toolkit_for_working_with_FQH-Cs.pdf)
- National Center on Addiction and Substance Use at Columbia University (2012). An SBIRT Implementation and Process Change Manual for Practitioners.
<http://www.casacolumbia.org/sites/default/files/files/An-SBIRT-implementation-and-process-change-manual-for-practitioners.pdf>
- Maine Quality Counts: Snuggle Me webinars:
<http://www.mainequalitycounts.org/page/2-934/snuggle-me-webinar-series>

Contact Information

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